

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 584910

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							
2		1					
3		2					
4	1						
5	1						
6	1						
7	1						
8	1						
9	1						
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TOTAL IND.	2		↓		↓		↓
TOTAL DEP.	16	←		←		←	
TOTAL CLAIMS	18	██████		██████		██████	

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
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100							
TOTAL IND.			↓		↓		↓
TOTAL DEP.		←		←		←	
TOTAL CLAIMS		██████		██████		██████	